

Case Number:	CM15-0094411		
Date Assigned:	05/21/2015	Date of Injury:	05/08/2014
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old female patient who reported an industrial injury on 5/8/2014. The diagnoses include neck muscle strain with fact impingement and Cervico-thoracic junction kyphosis; right shoulder muscle strain, impingement and pain; sacroiliac joint sprain/strain; low back pain/lumbago; right upper arm contusion; thoracic strain; occipital headaches related to cervical spine; and chronic pain. She sustained the injury when large files fell on her. Per the progress notes dated 4/29/2015, she had daily headaches; neck pain and bilateral upper extremities symptoms. The physical examination revealed increased cervical spine trigger points with bilateral radiating pain, as well as posterior cervical facets with tenderness causing paresthesia; occiput and posterior cervical muscle tenderness; upper rib/ scalenes/ trapeziei/ scapula muscle spasms; upper extremity weakness; wrist "CMC" joint tenderness; shoulder tenderness with decreased range-of-motion; radiating right cervical paresthesia; and thoracic spine tenderness with decreased range-of-motion. The medications list includes duexis and topical analgesic creams. She has had cervical MRI on 8/3/14. She has had shoulder injections and trigger point injections; physical therapy; work accommodations and modified work duties. The physician's requests for treatments were noted to include Voltaren Gel for neck and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren gel 100mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Voltaren Gel (diclofenac).

Decision rationale: Request: Voltaren gel 100mg #1. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The medical necessity of Voltaren gel is not established for this patient at this time.